

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	WIRELESS COMMUNICATION WITH IMPLANTABLE MEDICAL DEVICE		
As the below named inventor(s), I/we declare that:			
This declaration is directed to:			
<input checked="" type="checkbox"/> The attached application, or			
<input type="checkbox"/> Application No. , filed on ,			
<input type="checkbox"/> as amended on ____ (if applicable);			
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;			
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.			
All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.			
FULL NAME OF INVENTOR(S)			
Inventor 1	<u>Oleg Mosesov</u>	Date:	<u>October 9, 2003</u>
Signature:	<u>Oleg Mosesov</u>	Citizen of:	<u>Russian Federation</u>
Inventor 2	<u>Perry Mills</u>	Date:	<u>Oct. 8, 2003</u>
Signature:	<u>Perry Mills</u>	Citizen of:	<u>United States</u>
Inventor 3	_____	Date:	_____
Signature:	_____	Citizen of:	_____
Inventor 4	_____	Date:	_____
Signature:	_____	Citizen of:	_____
<input type="checkbox"/> Additional inventors are being named on additional form(s) attached hereto.			